



| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional) 020093-000120US |          |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
|---|------------|--|----------|--|------------|-------------------------|--|--|-------|------|----------|---|-------|-------|----------|--|--------|-------|--------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 09/016,737   |            | Filed January 30, 1998                   |          |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| For ISOLATION AND/OR PRESERVATION OF DENDRITIC CELLS<br>FOR PROSTATE CANCER IMMUNOTHERAPY   |            |  |          |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| Art Unit 1642   |            | Examiner M. Davis                        |          |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th colspan="2"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ 510</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,928</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p><u>Brian W. Poor</u> _____<br/>Signature</p> <p>December 17, 2004<br/>Date</p> <p><u>Brian W. Poor, Reg. No. 32,928</u> _____<br/>Typed or printed name</p> <p>(206) 467-9600<br/>Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |            |  |          |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 510 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                  |          |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                     | \$ _____ |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225                                    | \$ _____ |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510                                    | \$ 510   |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                    | \$ _____ |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                   | \$ _____ |  |            |                         |  |  |       |      |          |   |       |       |          |  |        |       |        |  |        |       |          |  |        |        |          |